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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (877) 273-8300 or MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: March 23, 2006

Signature: *Cynthia M. Sorocco*
(Cynthia M. Sorocco)

Docket No.: PKZ-018DV
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Mark L. Nelson *et al.*

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Application No.: 10/616531

Confirmation No.: 1963

Filed: July 9, 2003

Art Unit: 1617

For: **METHODS OF PREPARING SUBSTITUTED
TETRACYCLINES WITH TRANSITION
METAL-BASED CHEMISTRIES**

Examiner: B. P. Badio

INFORMATION DISCLOSURE STATEMENT (IDS)

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached PTO/SB/08. It is respectfully requested that the information be expressly considered during the prosecution of this application, and that the references be made of record therein and appear among the "References Cited" on any patent to issue therefrom.

This Information Disclosure Statement is filed after the mailing date of the Notice of Allowance, but on or before payment of the Issue Fee (37 CFR 1.97(d)). Applicants hereby petition that the Information Disclosure Statement be considered.

I hereby certify, pursuant to 37 CFR 1.97(e)(2), that no item of information contained in this Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application and, to my knowledge after making reasonable inquiry, no item of information contained in this Information Disclosure Statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of this Information Disclosure Statement.

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PTO/SB-17 (12-04-2)
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Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4710).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$) 180.00	Application Number	10/618531-Conf. #1963
		Filing Date	July 9, 2003
		First Named Inventor	Mark L. NELSON
		Examiner Name	B. P. Badio
		Art Unit	1617
		Attorney Docket No.	PK2-018DV

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) _____

☒ Deposit Account Deposit Account Number 12-0080 Deposit Account Name LaHive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	300	250	200	100	
Design	200	100	100	50	130	63	
Plant	200	100	300	150	160	80	
Reissue	300	150	300	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

Multiple Dependent Claims
Fee (\$) _____ **Fee Paid (\$)** _____

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

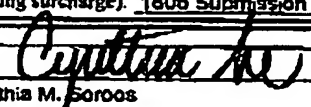
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge), 1808 Submission of an Information Disclosure Statement _____ **Fee Paid (\$)** _____

SUBMITTED BY

Signature 	Registration No. (Attorney/Agent) 53,623	Telephone (617) 227-7400
Name (Print/Type) Cynthia M. Sorocos		Date March 23, 2006

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-6300 at the Commissioner's Office for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Date: March 23, 2006

Signature 

(Cynthia M. Sorocos)

Application No.: 10/616531

Docket No.: PKZ-018DV

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. PKZ-018DV.

Dated: March 23, 2006

Respectfully submitted,



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